



COMMONWEALTH OF VIRGINIA
VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV DRIVE, RICHMOND VA 23220
1-804-205-3586
FAX: 1-804-367-2239
www.workcomp.virginia.gov

**Contractor's Certificate of
Workers' Compensation
Insurance Acknowledgement**

Date of notice:

Employer's Name:

Employer Name

Employer's Federal Identifier:

Employer FEIN

The Workers' Compensation Commission has received your [insert year] Contractor's Certificate of Workers' Compensation Insurance submission. Please take this acknowledgement to the governing body that issues business licenses in the city, town or county in which you do business.

Best regards,

A handwritten signature in black ink, appearing to read "Aubrey Chigwada".

Aubrey Chigwada
Insurance Manager
1000 DMV Drive
Richmond, VA 23220